

Organizational Dynamics of an NLM-Grant-Funded Consortium: The Nursing Information Consortium of Orange County*†

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ABSTRACT

The development of the Nursing Information Consortium of Orange County (NICOC) is traced over time, and reasons for the crises encountered are explored. Based on the experiences of NICOC, recommendations for other consortia are included, as well as for the consortium grant process.

CONSORTIA and resource-sharing have been practiced by libraries and the health sciences professions for a number of years [1-3]. About 1976, the National Library of Medicine (NLM) began a grant-funding program for acquisitions-based consortia. The primary goals of consortium grants were to strengthen the Regional Medical Library (RML) Network by developing adequate health sciences library collections locally and to encourage resource-sharing among health-related institutions. Grants were given for a two-year period: the first year for planning and developing a consortium, the second year for purchasing library materials. Funds for collections were awarded on a 4:1 matching basis, with a ceiling of \$4,000 for the purchase

of library materials. Since this program was initiated, NLM has funded sixty-three of the seventy-seven applications for Medical Library Resources Improvement Grant consortia for a total of \$2,975,913.00 [4].

This paper reports development of the Nursing Information Consortium of Orange County (NICOC) under grant funding received from NLM during the period 1979-1983. A major focus of NICOC was providing educational programs for the 13,000 nurses in Orange County, California.

DEVELOPMENT AND GROWTH OF NICOC

Nurses and librarians in Orange County had recognized the inadequacies of library resources for nurses long before the announcement that consortium grants were available. During the early 1970s nurse educators in the area had developed the Orange County/Long Beach Nursing Education Consortium (OC/LBNEC). Funded by the Kellogg Foundation, it provided a career-ladder plan that included new schools of nursing and additional library resources [5]. Some of the plans, notably for graduate-level educational programs that would have provided needed library resources, were never implemented. Existing library collections were scattered, and did not adequately serve the increased number of nurses in the area or their greatly expanded roles in the health care field.

An NLM-funded consortium with matching

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grant acquisitions funds could provide some needed library resources and encourage resource sharing. An exploratory meeting was held in 1976 with nursing educators and administrators, medical librarians, and representatives from the Regional Medical Library. At first, one comprehensive library, centrally located with special staffing, was recommended. However, the extensive distances involved as well as the need for nurses in clinical health settings to have ready access to library resources led to a decentralized approach, with each institution in the proposed consortium developing resources in the subject area(s) of its existing strengths. An alliance with the OC/LBNEC was proposed, but there was not sufficient support to further this arrangement. There was still support for an NLM-funded consortium from librarians and nurses in the area; subsequently, a grant application was submitted to NLM in 1978 and a sixteen-member consortium was funded in 1979.

A consortium librarian was hired and an outreach program was formed to invite all hospitals in Orange County with more than fifty beds to join NICOC. The response was enthusiastic. The consortium had thirty members when the second-year application for matching funds was submitted in 1980. However, this application was not approved or funded, as the grant reviewers interpreted the consortium as a collection of individual institutions, rather than a whole. Within NICOC there was enough momentum and interest to try to reverse this decision. A comprehensive needs assessment was done with assistance from the RML staff. At this time, several members withdrew from the consortium due to lack of time or staffing, and two public libraries were added as members, along with voluntary health care agencies, to assist in providing resources and services to nurses not affiliated with health care and educational institutions.

The second-year grant application was resubmitted in 1981 with a different health care institution as the fiscal agent, two co-project directors replacing the single project director from the first-year grant, and reduced funding requests for a multiple library consortium with twenty-four members. Funding of \$60,838.00 was approved in 1981 for acquisitions (on a matching-fund basis), a half-time coordinator, a union list, and educational programs.

Since 1981 the consortium membership has remained at twenty-four, with other interested institutions joining as affiliates. Figure 1 and Table 1 show the development of NICOC over time, with its two periods of crisis and systems collapse. The

first in 1978 was from an unsuccessful attempt to merge with an existing nursing educational consortium, and the second was in 1980 from too-rapid expansion.

PERSONNEL AND PROGRAMS

Funding for a full-time librarian coordinator was provided by the first-year grant. The position description listed experience in networking, automation (including programming, cataloging, and experience with OCLC), familiarity with the nursing literature, and teaching experiences that would be acceptable to the nurses of Orange County. No librarian with all the desired background and work experiences was found, and during the first year of grant funding, NICOC had three different coordinators. The position was reduced to half-time for the second year to make the grant application more likely to be funded, after its original nonfunding.

NICOC members volunteered many hours to develop the grant application, the union list, the comprehensive educational pamphlet, and class content at a level that would provide continuing education credit for relicensing by the California Board of Registered Nursing (BRN). During the periods without funding and most of the second year of grant support, the two co-project directors shared responsibilities for communications, fiscal and grant records, educational programs, and the union list.

The union list created the greatest need for staffing. During the first year of funding, NICOC had created a database on UCLA's ORION online system. It contained bibliographic records for more

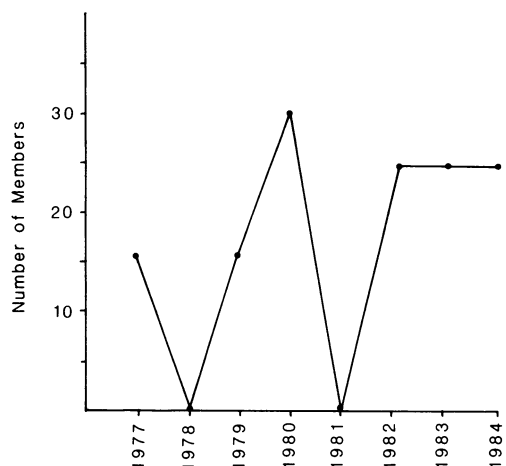


FIG. 1—Number of members in NICOC, 1977–1984.

TABLE 1

CHRONOLOGICAL LISTING OF THE NURSING INFORMATION CONSORTIUM OF ORANGE COUNTY

| | |
|---------|--|
| 1976: | Initial planning for grant by librarians, nurses, and RML staff. |
| 1977: | Unsuccessful proposal to merge with the Orange County/Long Beach Nursing Education Consortium. |
| 1978: | Regrouping; nursing information and library resources still viewed as highest priority for librarians. Grant application prepared and submitted to NLM. |
| 1979: | Grant application funded for \$21,500.00 for the first year of planning and organizational development. Unsuccessful search for consortium librarian to fit position description. Database built for union list of existing library resources. |
| 1980: | Consortium expanded to thirty members. Information needs assessment of nurses done; not wanted by NLM for grant process. Second-year grant application for matching acquisitions not approved. |
| 1981: | Extensive acquisitions needs assessment done with assistance of Regional Medical Library staff and NLM. Grant application resubmitted and funded for twenty-four members with new fiscal agent and two co-project directors. |
| 1982: | Grant funds expended. Extension of one year provided by NLM to complete the union list and to provide more educational programs. |
| 1983/4: | Educational programs for nurses presented in various settings and different levels. Articles written and published to reach a larger audience. |

than 1,000 monographs held by NICOC members and another 1,000 volumes added during the second year of matching-grant funding for library acquisitions. Cataloging expertise was needed to upgrade and maintain the database and to establish a subject authority list with links between the Library of Congress and National Library of Medicine subject headings, as both were used by NICOC members. The decision was made to use a professional cataloger as a consultant on an hourly basis as well as support staff familiar with ORION to build the database, rather than volunteers or a NICOC coordinator.

The other consortium activity that needed specialized staffing was educational classes for nurses. Through a cooperative effort, an NICOC subcommittee developed the course content. To reach the largest number of nurses, classes were proposed for a local community college that nurses attend for continuing education courses. The director of this program, who had been an enthusiastic supporter of the consortium, refused NICOC's offer of a team-taught class to be conducted by librarians volunteering their time, as she thought it would not attract enough nurses to be self-supporting.

With only limited funds available, NICOC followed the precedent established with the union list and hired as a consultant a NICOC member who is a well-known clinical nurse educator. This nurse educator held a class on teaching techniques for librarians who wanted to participate in team-taught classes, and then negotiated for the class that had been turned down by the community

college. The class was advertised through the college mailing list of 25,000, and well over 100 attended. After this success, classes were arranged for other educational institutions, hospitals, a voluntary agency, and student nurses. The content of the courses was videotaped, with a hospital member of NICOC donating the filming studio and staff, as this project was not a budget item in the grant applications.

Because the educational programs were so successful, the outreach program was expanded through presentations to meetings of nursing administrators, in-service educational directors, and nursing and librarian professional associations at the regional and national level. To reach nurses beyond the Orange County area, articles that emphasized nurses and librarians participating as partners were written and published [6, 7].

DISCUSSION

One of the continuing difficulties of the consortium was a lack of communication with other consortia. NICOC is unique among the consortia, as it is isolated in Southern California and has a large, diverse membership with a single focus on nursing. In November 1981, a forum sponsored by a Northern California NLM-funded consortium brought together consortia in the state to address common problems [8]. This forum evolved into the Council of Western Health Sciences Library Consortia, which now issues a newsletter for the California AHEC (Area Health Education Consortium) [9].

During NICOC's grant-funded period the medical library literature did not provide guidance on how to handle changes involved in the development of this type of consortium. Announcements of consortium grant awards were reported in RML newsletters, but these were distributed locally or regionally and were not readily available to NICOC. This lack of communication on Medical Library Resource Improvement Grants has been reported by West and Malone, who provided the statistics (Table 2) on communication of NLM grant-supported library projects in 1980 [10]. They expressed concern with the annual progress and final reports submitted by NLM grantees. They further commented that informative documents "often evolve into formal research projects or journal articles, but that others progress no further than the grant file, even though they are public information, and are readily available if requested" [11]. Communicating and networking, reviewing reports, and even discussing strategies with organizers of similar consortia would have provided NICOC with alternative plans of action, as well as some needed confidence and assurance.

From the perspective of a later time, it is evident that during the period of organizational growth, the instinctive pattern of NICOC was to roll with the punches as intermittent crises developed, and there was at times a feeling of muddling through as members instinctively tried to keep the consortium from stagnating or even dying. The changes involved an element of risk. NICOC deviated from carefully designed plans outlined in the grant application by attempting to expand the membership of the consortium even though it was finding it difficult to locate the desired consortium coordinator.

Thus, sustained growth could not be maintained. However, as the consortium sought stability, the intermittent crises actually led to sustained growth since the crises demanded that attention be given to the organization.

Although interest was expressed in a merger with the Orange County/Long Beach Nursing Education Consortium during a meeting of NICOC representatives with OC/LBNEC, the projected merger did not materialize. The crisis in the developmental plans for NICOC forced librarians to evaluate their needs and goals, and to make the commitment to seek support for the consortium.

Another crisis occurred when NLM did not fund the second-year grant application, primarily because its membership had expanded too rapidly and it thus lost its original identity. NICOC was forced to find alternatives for survival. The temporary nature of the positions provided by grant funding needed to be considered, and independence and interdependence encouraged among the members of the organization. By the time staffing crises occurred with union list and educational programs, the consortium's progress no longer adhered to the grant proposal time frame. It was simply a matter of identifying things to be done and allocating available resources to do them.

RECOMMENDATIONS

Based on the experience of NICOC, the following recommendations for other consortia are offered:

1. Communicate and share experiences with other consortia. One approach might be to use

TABLE 2
GRANT-RELATED COMMUNICATION ACTIVITY FOR NLM RESEARCH, RESOURCE PROJECT, AND RESOURCE IMPROVEMENT GRANTS

| Library Grant Type | Total Grants Awarded* | Grantees Responding (% of Total) | Grantees Reporting Communications (% of Respondents) | Written Communications | Oral Communications | Total Communications | Average Communications per Grantee |
|----------------------|-----------------------|----------------------------------|--|------------------------|---------------------|----------------------|------------------------------------|
| Research | 35 | 31 (89) | 28 (90) | 222 | 76 | 298 | 9.6 |
| Resource project | 130 | 109 (84) | 61 (56) | 225 | 228 | 453 | 4.2 |
| Resource improvement | 179 | 82 (46) | 22 (27) | 16 | 16 | 32 | 0.4 |

*Research grants, 1970-77; resource project and resource improvement grants, 1974-1977. Table printed from West and Malone: Communicating the results of NLM grant-supported library projects, *Bull Med Libr Assoc* 1980 Jan;68:35.

a standardized outline and format for annual and termination grant reports. The Raven Systems and Research for Libraries used such a form to report consumer health and education networking for the Center for Health Promotion and Education of the Centers for Disease Control [12].

2. To support communication, provide a coordinator at the national level or foster a special interest group within the structure of the Medical Library Association.
3. Examine the time- and staff-consuming activities common to consortia, such as union lists and fiscal records, with a view toward sharing technology and developing standardized formats.
4. Consider, in the grant process, the need for consortia to stay in a state of fluidity during development to encourage creativity and flexibility. The need for the National Library of Medicine to have definite plans for proposed expenditures of grant funds should also be considered.

The number of grant applications for Medical Library Resources Improvement Grant consortia has decreased recently. One reason might be that all possible cooperative configurations have been explored. Or it is possible, as De Gennaro suggests, that the Golden Age of networking and cooperatives was in the 1970s, and that in the 1980s consortia are being viewed cautiously in terms of benefits from costs and staffing expenditures [13].

The primary goals of the consortium grants—to develop adequate health sciences library collections at the local level and to encourage sharing of resources—are laudable. NICOC encourages other libraries to be aware of the organizational dynamics involved in the development and maintenance of consortia, to consider becoming involved in one, and to communicate their experiences.

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